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CONFIRMATION NO. 5857

SERIAL NUMBER 10/612,030	FILING DATE 07/01/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. S63.2-9703-US02
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/681,394 03/28/2001 PAT 6,585,753

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/26/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

490
 VIDAS, ARRETT & STEINKRAUS, P.A.
 6109 BLUE CIRCLE DRIVE
 SUITE 2000
 MINNETONKA , MN
 55343-9185

TITLE

Expandable coil stent

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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